

Family PACT: Billing Code List – Primary Complication Codes, Family Planning Method

familypact23

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This section of the Family PACT: Billing Code List identifies the procedure codes to be used for Family PACT family planning method complication services described in the *Family PACT: Complications Services Overview* [familypact13] section of this manual.

Family PACT benefits include management of family planning method-specific complications that are billed with the appropriate (client's family planning method) Family PACT primary diagnosis "S" code and suffix indicating a method-specific complication. For more information refer to the *Family PACT: Diagnosis Codes Listings* [familypact15] section in this manual.

Complication Services Require TAR

Complications services and procedures are part of a pre-selected benefits package. See the *Family PACT: Benefits Package – Services and Procedures* [familypact16] section of this manual.

Complication services must have prior authorization obtained through the Medi-Cal *Treatment Authorization Request* (TAR) process.

Note: A TAR is required for complication services rendered by both Family PACT providers and non-Family PACT Medi-Cal providers who assist clients referred by Family PACT providers. This TAR requirement applies to medical, anesthesia, laboratory, pharmacy and hospital providers.

ORAL CONTRACEPTION COMPLICATIONS

Billing

Bill with the Family PACT primary diagnosis "S" code for the complication in the *Diagnosis or Nature of Illness or Injury* field (Box 21.1) on the *HCFA 1500* claim form and in the *Principal Diagnosis Code* (Box 67) on the *UB-92 Claim Form*.

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Oral contraception complication procedures are billed with the following CPT-4 or HCPCS procedure codes:

**Deep Vein Thrombosis/
Pulmonary Embolism
(S1031)**

Bill with diagnosis code S1031.

Procedures

HCPCS

CodeDescriptionZ5218 Collection and handling of blood specimen (when only
service rendered)Z5220 Collection and handling of blood specimen
(when other services rendered)

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Venography

CPT-4

CodeDescription

36000 Introduction of needle or intracatheter, vein

36425 Venipuncture, cutdown; age one or over

75820 Venography, extremity, unilateral, radiological
supervision and interpretation75822 Venography, extremity, bilateral, radiological supervision
and interpretation

78457 Venous thrombosis imaging (e.g., venogram); unilateral

78458 Venous thrombosis imaging (e.g., venogram); bilateral

Ultrasound

CPT-4

CodeDescription93970 Duplex scan of extremity veins including responses to
compression and other maneuvers; complete bilateral
study93971 Duplex scan of extremity veins including responses to
compression and other maneuvers; unilateral or limited
study

Plethysmography	CPT-4 <u>Code</u>	<u>Description</u>
	93965	Non-invasive physiologic studies of extremity veins; complete bilateral study (for example, Doppler wave form analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
Radioactive Fibrinogen Scan	CPT-4 <u>Code</u>	<u>Description</u>
	78455	Venous thrombosis study (for example, radioactive fibrinogen)
Arterial Blood Gases	CPT-4 <u>Code</u>	<u>Description</u>
	82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ , (including calculated O ₂ saturation)
	82805	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ , (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry
	82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry
Pulmonary Perfusion Scan	CPT-4 <u>Code</u>	<u>Description</u>
	78596	Pulmonary quantitative differential function (ventilation/perfusion) study

Pulmonary Angiography	CPT-4 <u>Code</u>	<u>Description</u>
	75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
Electrocardiography	CPT-4 <u>Code</u>	<u>Description</u>
	93000	Electrocardiogram (ECG), routine ECG with at least 12 leads; with interpretation and report
Facility Use	A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.	
	HCPCS <u>Code</u>	<u>Description</u>
	Z7500	Use of hospital examining or treatment room
	Z7506	Use of operating room, first hour
	Z7508	Use of operating room, first subsequent half-hour
	Z7510	Use of operating room, second subsequent half-hour
	Z7512	Use of recovery room
Pharmacy	Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the <i>Family PACT: Pharmacy Procedures [familypact41]</i> section in this manual.	
Management of Vaso-Vagal Episode (S103)	Bill with diagnosis code S103.	
Office Visit Code	CPT-4 codes: 99201 – 99204, 99211 – 99214	
Facility Use	A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.	
	HCPCS <u>Code</u>	<u>Description</u>
	Z7500	Use of hospital examining or treatment room
	Z7506	Use of operating room, first hour
	Z7508	Use of operating room, first subsequent half-hour
	Z7510	Use of operating room, second subsequent half-hour
	Z7512	Use of recovery room

Pharmacy Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

CONTRACEPTIVE INJECTIONS COMPLICATIONS

Billing Bill with the Family PACT primary diagnosis “S” code for the complication.

See the *Family PACT: Treatment Authorization Request (TAR) [familypact26]* section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction [familypact28]* section in this manual for instructions to insert the TAR Control Number on the claim.

Contraceptive Injections complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

Management of Heavy Vaginal Bleeding Due to DMPA (S2031)

Bill with diagnosis code S2031.

Procedures

HCPCS Code	Description
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Laboratory Codes	CPT-4	<u>Description</u>
	<u>Code</u>	
	85007	Blood count, manual with differential
	85008	Manual blood smear with differential parameters
	85021	Hemogram, automated
	85022	Hemogram, automated with manual differential
	85023	Hemogram and platelet count, automated with manual differential
	85024	Hemogram and platelet count, automated and automated partial differential
	85025	Hemogram and platelet count, automated and automated complete differential
	85027	Hemogram and platelet count, automated
	85031	Hemogram, manual
	85651	Sedimentation rate
	85652	Sedimentation rate automated
	88305	Surgical pathology
I.V. Infusion	CPT-4	<u>Description</u>
	<u>Code</u>	
	90780	I.V. infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour
	90781	each additional hour, up to eight hours

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

CPT-4

<u>Code</u>	<u>Description</u>
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy:

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management Of Vaso-Vagal Episode (S203)

Bill with diagnosis code S203.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
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Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

CONTRACEPTIVE IMPLANT COMPLICATIONS

Billing

Bill with the Family PACT primary diagnosis “S” code for the complication.

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Management of Deep Capsule/Surgical Removal of Deep Capsule (S3031)

Bill with diagnosis code S3031.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Sonogram

CPT-4 Code

Description

76880 Echography, extremity, non-vascular, B-scan and/or real-time with image documentation

Mammogram

CPT-4 Code

Description

76090 Mammography; unilateral

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

Code

Description

Z7500 Use of hospital examining or treatment room
 Z7506 Use of operating room, first hour
 Z7508 Use of operating room, first subsequent half-hour
 Z7510 Use of operating room, second subsequent half-hour
 Z7512 Use of recovery room

Surgeon	CPT-4 <u>Code</u>	<u>Description</u>
	11976	Removal, implantable contraceptive capsule
Modifier: Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia	
Pharmacy	Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the <i>Family PACT: Pharmacy Procedures [familypact41]</i> section in this manual.	
Management of Insertion/ Removal Site Infection (S3032)	Bill with diagnosis code S3032.	
	HCPCS <u>Code</u>	<u>Description</u>
	Z5218	Collection and handling of blood specimen (when only service rendered)
	Z5220	Collection and handling of blood specimen (when other services rendered)
Office Visit Codes	CPT-4 codes: 99201 – 99204, 99211 – 99214	
Laboratory Codes	CPT-4 <u>Code</u>	<u>Description</u>
	85007	Blood count, manual with differential
	85008	Manual blood smear with differential parameters
	85021	Hemogram, automated
	85022	Hemogram, automated with manual differential
	85023	Hemogram and platelet count, automated with manual differential
	85024	Hemogram and platelet count, automated and automated partial differential
	85025	Hemogram and platelet count, automated and automated complete differential
	85027	Hemogram and platelet count, automated
	85031	Hemogram, manual
	85651	Sedimentation rate
	85652	Sedimentation rate automated
	87081	Culture single organism
	87181	Sensitivities, agar
	87184	Sensitivities, disc
	87186	Sensitivities, MIC

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

CPT-4

<u>Code</u>	<u>Description</u>
10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hydradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	complicated

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

**Management of Insertion/
Removal Site Hematoma
(S3033)**

Bill with diagnosis code S3033.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room.
Z7506	Use of operating room, first hour.
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

CPT-4

<u>Code</u>	<u>Description</u>
10140	Incision and drainage of hematoma, seroma, or fluid collection

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management of Capsule Expulsion (S3034)	Bill with diagnosis code S3034.	
Office Visit Codes	CPT-4 codes: 99201 – 99204, 99211 – 99214	
Facility Use	A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.	
	HCP	CS
	<u>Code</u>	<u>Description</u>
	Z7500	Use of hospital examining or treatment room
	Z7506	Use of operating room, first hour
	Z7508	Use of operating room, first subsequent half-hour
	Z7510	Use of operating room, second subsequent half-hour
	Z7512	Use of recovery room
Surgeon	CPT-4	
	<u>Code</u>	<u>Description</u>
	11975	Insertion, implantable contraceptive capsules
Modifier	Surgical code 11975 requires modifier -ZM (general anesthesia).	
Pharmacy	Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the <i>Family PACT: Pharmacy Procedures [familypact41]</i> section in this manual.	

Management of Heavy Vaginal Bleeding Due to Implant (S3035) Bill with diagnosis code S3035.

Procedures

HCPCS

<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Laboratory Codes

CPT-4

<u>Code</u>	<u>Description</u>
85007	Blood count, manual with differential
85008	Manual blood smear with differential parameters
85021	Hemogram, automated
85022	Hemogram, automated with manual differential
85023	Hemogram and platelet count, automated with manual differential
85024	Hemogram and platelet count, automated and automated partial differential
85025	Hemogram and platelet count, automated and automated complete differential
85027	Hemogram and platelet count, automated
85031	Hemogram, manual
85651	Sedimentation rate
85652	Sedimentation rate automated
88305	Surgical pathology

I.V. Infusion	CPT-4	
	<u>Code</u>	<u>Description</u>
	90780	I.V. infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour
	90781	each additional hour, up to eight hours

Facility Use A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS	
<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon	CPT-4	
	<u>Code</u>	<u>Description</u>
	58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
	58120	Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)
	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)

Modifiers Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management of Vaso-Vagal Episode (S303)

Bill with diagnosis code S303.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

INTRAUTERINE CONTRACEPTIVES (IUC) COMPLICATIONS

Billing

Bill with the Family PACT primary diagnosis “S” code for the complication.

See the *Family PACT: Treatment Authorization Request (TAR) [familypact26]* section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction [familypact28]* section in this manual for instructions to insert the TAR Control Number on the claim.

Intrauterine Contraceptives (IUC) complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

Management of Pelvic Infection (Secondary to IUC) (S4031)

Bill with diagnosis code S4031.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Ultrasound

CPT-4

<u>Code</u>	<u>Description</u>
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76856	Echography, pelvic (non-obstetric), B-scan and/or real-time with image documentation; complete
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Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
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Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

**Evaluation and Management
of “Missing” IUC (S4032)**

Bill with diagnosis code S4032.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Sonogram

CPT-4

<u>Code</u>	<u>Description</u>
76856	Echography, pelvic (non-obstetric), B-scan and/or real-time with image documentation; complete

X-ray

CPT-4

<u>Code</u>	<u>Description</u>
74000	Radiological examination, abdomen; single anteroposterior view

Facility Use

A Family PACT provider must have the appropriate Category (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

CPT-4

<u>Code</u>	<u>Description</u>
58555	Hysteroscopy, diagnostic (separate procedure)
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58301	Removal of intrauterine device (IUD)
58120	Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)

Modifiers Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management of Perforated/Translocated Intra-Uterine Device (IUC) (S4033) Bill with diagnosis code S4033.

Office Visit Codes CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

<u>CPT-4 Code</u>	<u>Description</u>
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49085	Removal of peritoneal foreign body from peritoneal cavity
49320	Laparoscopy, diagnostic
58555	Hysteroscopy, diagnostic (separate procedure)
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58120	Dilation and Curettage, diagnostic and/or therapeutic (non-obstetrical)
58301	Removal of Intrauterine Device (IUD)

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management of Vaso-Vagal Episode (S403)

Bill with diagnosis code S403.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

**BARRIER/FERTILITY AWARENESS METHODS (FAM), LACTATION
AMENORRHEA METHOD (LAM) COMPLICATIONS**

Billing	<p>Bill with the Family PACT primary diagnosis “S” code for the complication.</p> <p>See the <i>Family PACT: Treatment Authorization Request (TAR)</i> [familypact26] section in this manual for TAR instructions and the <i>Family PACT: Claim Form Completion Introduction</i> [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.</p> <p>Barrier/FAM/LAM complication procedures are billed with the following CPT-4 or HCPCS procedure codes.</p>																						
Evaluation of Severe Skin Tissue Reaction by Dermatologist (S5031)	<p>Bill with diagnosis code S5031.</p>																						
Office Visit Codes	<p>CPT-4 codes for females and males: 99201 – 99204, 99211 – 99214</p> <table> <tr> <th><u>CPT-4 Code</u></th><th><u>Description</u></th></tr> <tr> <td>99241</td><td>Office consultation for new or established patient (Level 1)</td></tr> <tr> <td>99242</td><td>Office consultation for new or established patient (Level 2)</td></tr> <tr> <td>99243</td><td>Office consultation for new or established patient (Level 3)</td></tr> <tr> <td>99244</td><td>Office consultation for new or established patient (Level 4)</td></tr> <tr> <td>99245</td><td>Office consultation for new or established patient (Level 5)</td></tr> <tr> <td>99251</td><td>Initial inpatient consultation for new or established patient (Level 1)</td></tr> <tr> <td>99252</td><td>Initial inpatient consultation for new or established patient (Level 2)</td></tr> <tr> <td>99253</td><td>Initial inpatient consultation for new or established patient (Level 3)</td></tr> <tr> <td>99254</td><td>Initial inpatient consultation for new or established patient (Level 4)</td></tr> <tr> <td>99255</td><td>Initial inpatient consultation for new or established patient (Level 5)</td></tr> </table>	<u>CPT-4 Code</u>	<u>Description</u>	99241	Office consultation for new or established patient (Level 1)	99242	Office consultation for new or established patient (Level 2)	99243	Office consultation for new or established patient (Level 3)	99244	Office consultation for new or established patient (Level 4)	99245	Office consultation for new or established patient (Level 5)	99251	Initial inpatient consultation for new or established patient (Level 1)	99252	Initial inpatient consultation for new or established patient (Level 2)	99253	Initial inpatient consultation for new or established patient (Level 3)	99254	Initial inpatient consultation for new or established patient (Level 4)	99255	Initial inpatient consultation for new or established patient (Level 5)
<u>CPT-4 Code</u>	<u>Description</u>																						
99241	Office consultation for new or established patient (Level 1)																						
99242	Office consultation for new or established patient (Level 2)																						
99243	Office consultation for new or established patient (Level 3)																						
99244	Office consultation for new or established patient (Level 4)																						
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99251	Initial inpatient consultation for new or established patient (Level 1)																						
99252	Initial inpatient consultation for new or established patient (Level 2)																						
99253	Initial inpatient consultation for new or established patient (Level 3)																						
99254	Initial inpatient consultation for new or established patient (Level 4)																						
99255	Initial inpatient consultation for new or established patient (Level 5)																						
Pharmacy	<p>Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the <i>Family PACT: Pharmacy Procedures</i> [familypact41] section in this manual.</p>																						

Management of Vaso-Vagal Episode (S503)

Bill with diagnosis code S503.

Office Visit Codes

CPT-4 codes for females and males: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

PREGNANCY TESTING COMPLICATIONS

No complication codes.

TUBAL LIGATION COMPLICATIONS

Bill with the Family PACT primary diagnosis “S” code for the complication.

See the *Family PACT: Treatment Authorization Request (TAR) [familypact26]* section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction [familypact28]* section in this manual for instructions to insert the TAR Control Number on the claim.

Tubal ligation complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

**Anesthesia Complication
Requiring Overnight
Hospital Stay (S7031)**

Bill with diagnosis code S7031.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

**Initial Inpatient Evaluation
and Management**

<u>CPT-4 Code</u>	<u>Description</u>
99221	Initial hospital care, per day (Level 1)
99222	Initial hospital care, per day (Level 2)
99223	Initial hospital care, per day (Level 3)

**Subsequent Evaluation
and Management**

<u>CPT-4 Code</u>	<u>Description</u>
99231	Subsequent hospital care, per day (Level 1)
99232	Subsequent hospital care, per day (Level 2)
99233	Subsequent hospital care, per day (Level 3)

Discharge Services

<u>CPT-4 Code</u>	<u>Description</u>
99238	Hospital discharge day management; thirty minutes or less
99239	Hospital discharge day management; more than 30 minutes

Suspected/Known Abdominal Injury Requiring Laparoscopy/Laparotomy (S7032)

Bill with diagnosis code S7032.

Note: Date of service on claim must be within 30 days post-operative from codes 58670, 58671, 58600 and 58615, previously billed.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

CPT-4
CodeDescription

49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, transabdominal
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49320	Laparoscopy, diagnostic (separate procedure)

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management Of Operative Site or Pelvic Infection (S7033):

Bill with diagnosis code S7033.

Note: Date of service of claim must be within 30 days post-operative from codes 58670, 58671, 58600 and 58615, previously billed.

Office Visit Codes:

CPT-4 codes: 99201 – 99204, 99211 – 99214

Laboratory Codes

<u>CPT-4 Code</u>	<u>Description</u>
87081	Culture single organism
87181	Sensitivities, agar
87184	Sensitivities, disc
87186	Sensitivities, MIC

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

<u>HCPCS Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

<u>CPT-4 Code</u>	<u>Description</u>
10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hydradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	Incision and drainage of abscess (e.g., carbuncle, suppurative hydradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10180	Incision and drainage, complex, postoperative wound infection
49000	Exploratory laparotomy
49020	Drainage of peritoneal abscess
49320	Laparoscopy, diagnostic

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

**Preoperative Evaluation
of Medical Condition
(S7034)**

Bill with diagnosis code S7034.

Note: Rule out surgical contraindications. Prior authorization is required.

Procedures

HCPCS

<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Consultation	CPT-4 <u>Code</u>	<u>Description</u>
	99241	Office consultation for new or established patient (Level 1)
	99242	Office consultation for new or established patient (Level 2)
	99243	Office consultation for new or established patient (Level 3)
	99244	Office consultation for new or established patient (Level 4)
	99245	Office consultation for new or established patient (Level 5)
	99251	Initial inpatient consultation for new or established patient (Level 1)
	99252	Initial inpatient consultation for new or established patient (Level 2)
	99253	Initial inpatient consultation for new or established patient (Level 3)
	99254	Initial inpatient consultation for new or established patient (Level 4)
	99255	Initial inpatient consultation for new or established patient (Level 5)
Electrocardiogram	CPT-4 <u>Code</u>	<u>Description</u>
	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

Echocardiogram	CPT-4 <u>Code</u>	<u>Description</u>
	93307	Echocardiography, real-time with image documentation (2D) with or without M-mode recording; complete
Chest X-ray	CPT-4 <u>Code</u>	<u>Description</u>
	71020	Radiologic examination, chest, two views, frontal and lateral
Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	85002	Bleeding time
	85610	Prothrombin time
	85730	Thromboplastin time, partial (PTT); plasma or whole blood
Pharmacy	Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the <i>Family PACT: Pharmacy Procedures [familypact41]</i> section in this manual.	
Management of Vaso-Vagal Episode (S703)	Bill with diagnosis code S703.	
Office Visit Code	CPT-4 codes: 99201 – 99204, 99211 – 99214	
Facility Use	A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.	
	HCPCS <u>Code</u>	<u>Description</u>
	Z7500	Use of hospital examining or treatment room
	Z7506	Use of operating room, first hour
	Z7508	Use of operating room, first subsequent half-hour
	Z7510	Use of operating room, second subsequent half-hour
	Z7512	Use of recovery room
Pharmacy	Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the <i>Family PACT: Pharmacy Procedures [familypact41]</i> section in this manual.	

VASECTOMY COMPLICATIONS

Billing

Bill with the Family PACT primary diagnosis “S” code for the complication.

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Vasectomy complication procedures are billed with the following CPT-4 or HCPCS procedure codes.

Management of Testicular or Spermatic Cord Hematoma/Hemorrhage (S8031)

Bill with diagnosis code S8031.

Note: Date of service on claim must be within 30 days post-operative from code Z9780 (vasectomy), previously billed.

Procedures

HCPCS Code	Description
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Laboratory Codes

CPT-4 Code	Description
85007	Blood count, manual with differential
85008	Manual blood smear with differential parameters
85021	Hemogram, automated
85022	Hemogram, automated with manual differential
85023	Hemogram and platelet count, automated with manual differential
85024	Hemogram and platelet count, automated and automated partial differential
85025	Hemogram and platelet count, automated and automated complete differential
85027	Hemogram and platelet count, automated
85031	Hemogram, manual
85651	Sedimentation rate
85652	Sedimentation rate automated

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

<u>CPT-4 Code</u>	<u>Description</u>
54700	Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54670	Suture or repair of testicular injury
54820	Exploration of epididymis

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management of Acute Infection at Site of Vasectomy (S8032) Bill with diagnosis code S8032.

Note: Date of service of claim must be within 30 days post-operative from code Z9780 (vasectomy), previously billed.

Office Visit Codes CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Laboratory Codes

<u>CPT-4 Code</u>	<u>Description</u>
87081	Culture single organism
87181	Sensitivities, agar
87184	Sensitivities, disc
87186	Sensitivities, MIC

Surgeon

<u>CPT-4 Code</u>	<u>Description</u>
54700	Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)
55100	Drainage of scrotal wall abscess

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Evaluation and Management of Post Vasectomy Testicular Pain (S8033)

Bill with diagnosis code S8033.

Note: Date of service of claim must be within 30 days post-operative from code Z9780, previously billed.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon	CPT-4 Code	Description
	55110	Scrotal exploration
	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
	54820	Exploration of epididymis
	55520	Excision of lesion spermatic cord

Modifiers Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management of Vaso-Vagal Episode (S803) Bill with diagnosis code S803.

Office Visit Codes CPT-4 codes: 99201 – 99204, 99211 – 99214.

Facility Use A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HPCS Code	Description
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

INFERTILITY COMPLICATIONS
Billing

Bill with the Family PACT primary diagnosis “S” code for the complication.

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Infertility complication procedures are billed with the following CPT-4 or HCPCS procedure.

Management of Vaso-Vagal Episode (S903)

Bill with diagnosis code S903.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures* [familypact41] section in this manual.